

Mandatory Health Update 2011/12

Returning Students Only

Student

Last name	First name	Grade (2011/12 school year)
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Health Insurance Company and Student Policy Number

Health Insurance Company	Student Insurance Policy number	Student cell phone (if applicable)
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Emergency Contact Name <i>(not student's parents)</i>	Home number	Cell number
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Medication

List any medication taken at home on a daily basis None

Medication	Used to treat
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Medication	Used to treat
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Medication	Used to treat
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Allergies

Please list all allergies your child has including foods, drugs, plants and animals. None

Allergic to	Reaction	Treatment
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Allergic to	Reaction	Treatment
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Allergic to	Reaction	Treatment
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Is there any additional health information the school should be aware of?

No Yes

If yes, please explain

Immunization record

Please list all immunizations (month/year) that your child has had in 2010/11:

Diphtheria	Hepatitis A	Hepatitis B	HIB	Pertussis	Measles, mumps, rubella
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Polio (IPV)	Tetanus	Varicella	Tick borne Encephalitis (FSME)	HPV
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Other

Over the Counter Medication Permission Form

The permission form below allows us to give your child non prescription, over the counter medicines if other conservative measures such as rest, ice, heat etc., fail to give your child relief. These medicines might include, eye drops, topical pain relievers, Paracetamol (Panadol) throat lozenges, ibuprofen etc.

The permission form also allows non-medical personnel – faculty, staff and chaperones – to administer this medication on sport or field trips when the nurse is not available. We keep careful records of who receives these medications, why they were administered, and the time they were administered.

Please sign the form below and return it with the Health Form Update to your campus school nurse or main office before school starts.

The ZIS Nursing Team

Betsy Zimmermann, Lower School	bzimmermann@zis.ch,	058 750 2222
Mary Thomas, Lower and Middle School	mthomas@zis.ch	LS 058 750 2222 / MS 058 750 2322
Erika Lange, Middle School	elang@zis.ch	058 750 2322
Helma van Vliet, Upper School	hevanvliet@zis.ch	058 750 2422
Annika Hansson, Baden	ahansson@zis.ch	058 750 2280

Student Name: _____

The school nurses or designated faculty, staff or chaperones have my permission to administer over the counter, non prescription medicines to my child as needed.

Parent's Name: _____

Parent signature: _____

Any Comment: _____